

Revision: HCFA-PM-91- 4 (BPD)
AUGUST 1991

OMB No.: 0938-

State: HAWAII

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation
42 CFR
435.10 and
Subpart J

2.1 Application, Determination of Eligibility and
Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of
42 CFR Part 435, Subpart J for processing
applications, determining eligibility, and furnishing
Medicaid.

TN No. 91-21

Supersedes

Approval Date 10/13/92

Effective Date 10/01/91

TN No. 75-28

HCFA ID: 7982E

Revision: HCFA-PM- - (MB)

State: HAWAIICitation

42 CFR
435.914
1902(a)(34)
the Act

2.1 (b) (1) Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the ~~of~~ three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in ATTACHMENT 2.6-A.

1902(e)(8) and
of the

(2) For individuals who are eligible for 1905(a) Medicare cost-sharing expenses as Act qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.

1902(a)(47) and
1920 of the Act

— (3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.

42 CFR
434.20

(c) The Medicaid agency elects to enter into a risk contract with an HMO that is--

X Qualified under title XIII of the Public Health Service Act or is provisionally qualified as an HMO pursuant to section 1903(m)(3) of the Social Security Act.

— Not Federally qualified, but meets the requirements of 42 CFR 434.20(c) and is defined in ATTACHMENT 2.1-A.

— Not applicable.

No. 94-015
Supersedes
TN No. 93-03

Approval Date DEC 16 1994

Effective Date 8/1/94

TN

11a

Revision: HCFA-AT-84-2 (BERC)
01-84

State Hawaii

42 CFR 435.212
47 FR 54013

2.1(d) for Medicaid before the end of that period. The guaranteed eligibility status is computed beginning on the date of the individual's enrollment in the HMO.

☒ Yes, one eligibility period of _____ (not to exceed six months) in which the individual is Medicaid eligible at the beginning of the period.

☐ Yes, more than one successive eligibility period of _____ (not to exceed six months) in which the individual is Medicaid eligible at the beginning of each period.

☐ Number of successive eligibility periods is limited to _____ periods.

☐ No limit.

☐ Not applicable.

TN No. 92-02
Supersedes
TN No. _____

Approval Date 3/09/92

Effective Date 01/01/92

Revision: HCFA-PM-91-6 (MB)
September 1991

OMB No.:

State/Territory: Hawaii

Citation

1902(a)(55) of the Act	2.1(e)	The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in §1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.
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TN No. 91-13
Supersedes
TN No. —

Approval Date 10/15/91

Effective Date 07/01/91
HCFA ID: 7985E